



## 2011 Membership Application

PLEASE PRINT OR TYPE

Name: ..... Degree: .....

Address: .....

City: ..... State: ..... Zip: ..... Country: .....

Phone:Home: (.....) ..... Office: (.....) ..... FAX :(.....) .....

Email: ..... Website: .....

Professional Affiliations: .....

Place of Practice or Employment Address:  
 .....  
 .....

<b>Professional Member – MD, DO,DC, PhD</b>	<b>\$ 100.00</b>	<b>International</b>	<input type="checkbox"/>
<b>Associate Member – Certified Thermographer</b>	<b>\$ 100.00</b>	<b>International</b>	<input type="checkbox"/>
<b>Affiliated Member – All others</b>	<b>\$ 75.00</b>	<b>International</b>	<input type="checkbox"/>
<b>Resident/Student Member</b>	<b>\$ 50.00</b>	<b>International</b>	<input type="checkbox"/>

Area of Study: .....

**Amount Enclosed \$** .....

Please include a copy of your current license and proof of insurance if applicable. For students, enclose a copy of current Student ID.

### PLEASE COMPLETE QUESTIONNAIRE ON BACK BEFORE SIGNING BELOW

I have read and understand the American College of Clinical Thermology Practice Guidelines, Being the ACCT Constitution, the Code of Ethics, the Code of Practice and ACCT Policy Statements and I agree to uphold and abide by them. I also state that I have completed the questionnaire truthfully and to the best of my ability.

Signature: ..... Date: ...../...../.....

Questionnaire must be completed in full before signing on front. Please print or type.

Please check all that apply

- Have had my license revoked for any reason
- Have lost hospital privileges
- Have been asked to leave other professional organizations
- Have any current legal actions or pending actions against me
- Have you ever been arrested for a felony
- Have you had any Drug or Alcohol convictions

If you checked any of the above please provide details below:

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Are you a US Citizen     YES     NO

Please list any specialties, research, publications or particular areas of interest:

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Please submit this form with your check payable to:

**American College of Clinical Thermology, Inc.**  
**1314 Florida Ave**  
**Fort Myers, FL 33901**

**Phone: 1-866-281-5479**

**[www.thermologyonline.org](http://www.thermologyonline.org)**